



TDCJ Get Fit Texas Challenge Participation Agreement

Please read each of the following statements carefully and initial in the space provided. Your signature at the bottom of this form represents your acknowledgement and understanding of the guidelines set forth in this document.

I desire to voluntarily participate in the programs and/or use the facilities and equipment provided by the TDCJ Get Fit Texas Challenge for the purpose of personal fitness. In consideration of the right and privilege of being permitted to participate in these programs and/or to have access to and the use of said facilities and equipment:

_____ I do hereby agree to the conditions set forth herein and acknowledge that the voluntary participation in any programs and/or access to and use of facilities and equipment is not a condition of employment, is not related to my employment and therefore, should any injury occur as a result of my participation in the aforesaid programs and/or use of facilities and equipment, such injuries will not be covered by workers' compensation.

_____ I acknowledge that I am fully aware that there may be risks for certain individuals participating in activities involving physical exertion.

_____ I acknowledge that whether I consult my physician before participating in these activities is my decision.

_____ I agree to withdraw from the programs and/or discontinue use of these facilities and equipment should I become aware by any means whatsoever that participation is medically contraindicated.

_____ I agree to notify the unit/department wellness representative if I detect any hazards or defects in any of the facilities or equipment to which I am allowed access for these activities.

_____ I agree to accept full responsibility for any injuries sustained while participating in a fitness program or using facilities and equipment made available for that purpose. If I fail to meet the conditions described herein under which access to and use of the programs, facilities and/or equipment is being allowed.

I acknowledge and affirm that I have carefully read the guidelines and have obtained a satisfactory explanation of any part thereof that I do not understand.

Printed Name

Position

Unit/Department

Leanna Garcia
Get Fit Coordinator

Participants Signature

Date